

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
CLAIMS												
CLAIM NO.	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3		2					53					
4	1						54					
5			1				55					
6				1			56					
7					2		57					
8						1	58					
9							59					
10							60					
11						1	61					
12						2	62					
13							63					
14						1	64					
15							65					
16						1	66					
17						2	67					
18						1	68					
19						1	69					
20							70					
21						1	71					
22							72					
23						2	73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1	18					TOTAL IND.					
TOTAL DEP.	3		16				TOTAL DEP.					
TOTAL CLAIMS	5	23					TOTAL CLAIMS					

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